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## APPLICANTS

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## \*\* CONTINUING DATA \*\*\*\*\*

*On*  
*On*

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*  
 \*\* 06/24/2004

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no		
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance		
Verified and Acknowledged	Examiner's Signature <i>On</i> Initials <i>On</i>		
STATE OR COUNTRY DE	SHEETS DRAWING 5	TOTAL CLAIMS 16	INDEPENDENT CLAIMS 2

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## TITLE

Mobile intra-operative microscopic diagnosis laboratory

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